

**APPLICATION FOR  
RECREATIONAL VEHICLE**

Bayfield County Planning and Zoning Department  
P.O. Box 58  
117 East Fifth Street  
Washburn, WI 54891  
Phone - (715) 373-6138



RECEIVED  
MAY 13 2019

Office Use:

Zoning District/Lakes Class RI / 2  
Application No. 19-0129  
Date 5-29-19  
Fee Paid 875 5-13-19

**INSTRUCTIONS:** No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department Bayfield Co. Zoning Dept.  
**DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.**  
Changes in plans must be approved by the Zoning Department

Property Owner John + Danica Knudson

Property Address 64910 Kickin Back Trail  
of RV placement. Iron River WI 54847

Mailing Address 403 9th St NW

Dodge Center MN 55927

Agent: \_\_\_\_\_

Telephone 507-259-7052

Written Authorization Attached: Yes ( ) No ( )

Accurate Legal Description involved in this request:

NW 1/4 of NE 1/4 of Section 33 Township 47 N. Range 8 W. Town of Iron River

Gov't Lot \_\_\_\_\_ Lot 3 Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 1398

Volume V. 8 Page 258 of Deeds Parcel I.D. # \_\_\_\_\_ Acreage 1.8

Additional Legal Description: \_\_\_\_\_

ATTACH  
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes ☒ No ☐ If Yes, Distance from Shoreline: 75' or greater ☒ < 75' to 40' ☐ less than 40' ☐

RV: New ☒ Replacement ☐

Year: 2002 Vin #: 4YDT30B2027304343

Make of RV: Keystone

Model of RV: Hornet

**FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES**

Rec'd for Issuance

MAY 29 2019

Secretarial Staff

Permit Issued:

For Office Use Only

Zoning District/Lakes Class: RI / McCall 2

Sanitary Number 17-1285 Date 10/19/17

Issuance Date 5-29-19 Permit Number 19-0129 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Septic on-site. Vacant lot.

By Todd Norwood Date of Inspection May 22, 2019

Variance (B.O.A.) # \_\_\_\_\_

Condition: RV may be placed up to 4 months from issuance date. Must be removed by: \_\_\_\_\_

Must connect RV to existing  
POWTS

Signed Todd Norwood  
Inspector

5/24/19  
Date of Approval

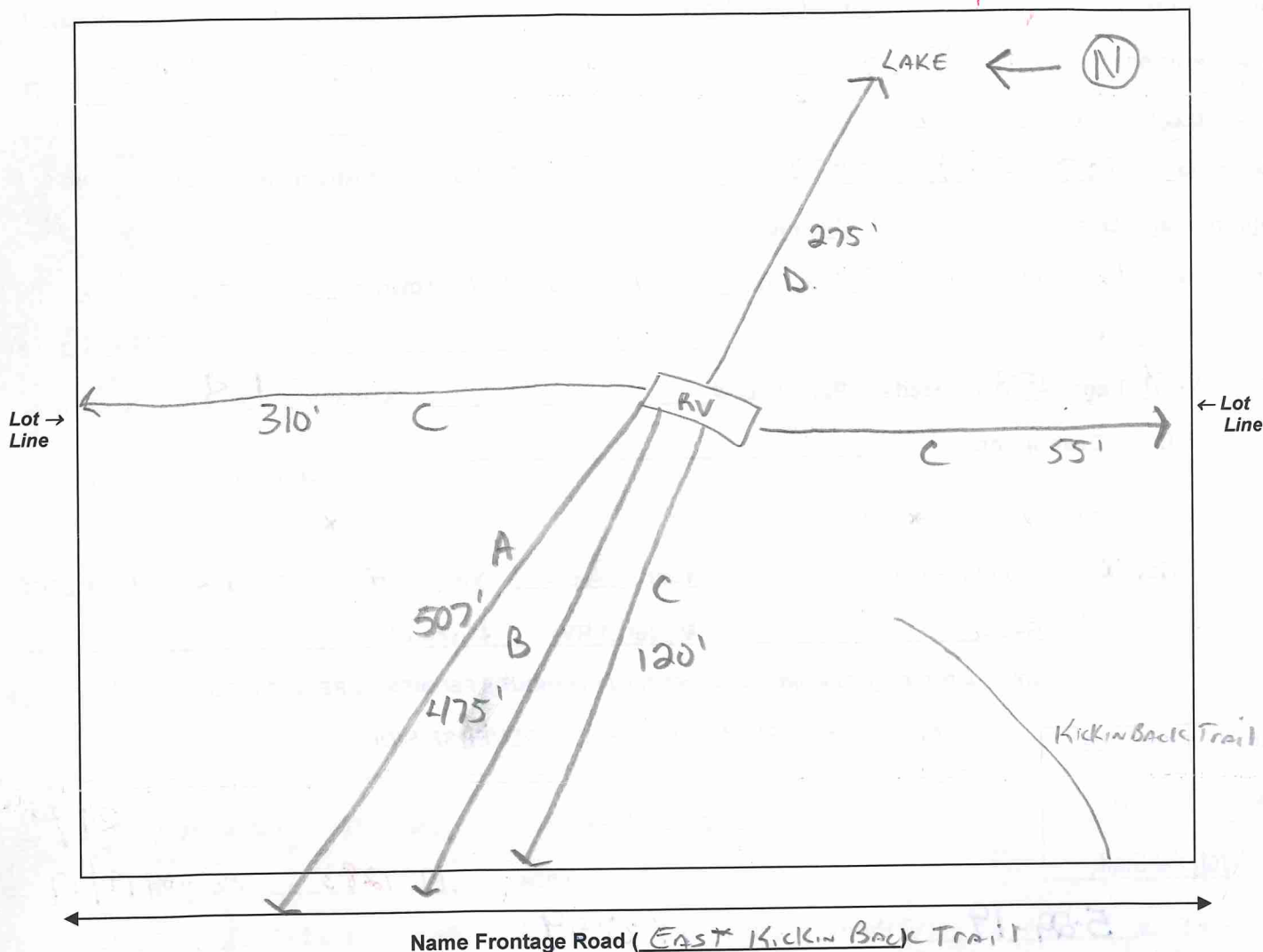
2. Show the RV (Recreation Vehicle) location
3. Show dimensions in feet on the following:

- a. RV from centerline of road(s). 507' Kickin Back
- b. RV from right-of-way line 475'
- c. RV from property lines 55' South  
120' West

**IMPORTANT**  
**Detailed Plot Plan is Necessary**

- d. RV from lake, river, stream or pond 275'
- e. RV from Privy

Lot Line



**NOTICE:** The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent

*John Kline*

Date

5-8-19

Address to send permit

403 9th ST NW Dodge Center MN 55927



own, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY – 17-128S  
SIGN  
SPECIAL  
CONDITIONAL  
BOA

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **19-0129**

Issued To: **John & Donica Knudson**

Part of the

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **33** Township **47** N. Range **8** W. Town of **Iron River**

Gov.t Lot

Lot **3** Block

Subdivision

CSM# **1398**

For: **Recreational Vehicle (RV)**

Make: **Keystone** Model #: **Hornet** Vehicle #: **4YDT30B2027304343** Year: **2002**

**(Disclaimer):** Any future expansions or development would require additional permitting.

Condition: **Allowed for 4 months from date of issuance. Must be removed by 9/29/2019. Must connect RV to existing POWTS.**

**NOTE:** Changes in plans or specifications shall not be made without obtaining approval.

This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

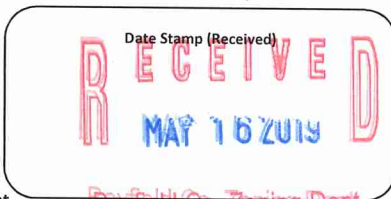
**May 29, 2019**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	19-0136
Date:	5-30-19
Amount Paid:	\$125 5-16-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: <b>DAMIAN JELICH</b>		Mailing Address: <b>9677 HEATH AVE.</b>		City/State/Zip: <b>COTTAGE GROVE, MN 55016</b>		Telephone: <b>↓</b>			
Address of Property: <b>66150 NORTH POINT DRIVE</b>		City/State/Zip: <b>IRON RIVER, WI 54847</b>				Cell Phone: <b>651-428-4444</b>			
Contractor: <b>N/A (SELF)</b>		Contractor Phone: <b>N/A (SELF)</b>		Plumber: <b>N/A (NO PLUMBING ON PROPERTY)</b>		Plumber Phone: <b>N/A</b>			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <b>N/A</b>		Agent Phone: <b>N/A</b>		Agent Mailing Address (include City/State/Zip): <b>N/A</b>		Written Authorization Attached <b>N/A</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)				Tax ID# <b>37657</b>		Recorded Document: (Showing Ownership) <b>TAX STATEMENT DEED</b>	
Section <b>21</b> , Township <b>47</b> N, Range <b>8</b> W		Gov't Lot <b>N/A</b>		Lot(s) <b>4</b>		CSM <b>2014 V.12 P.18</b>		Vol & Page <b>2014</b>	
						CSM Doc # <b>2014</b>		Lot(s) No. <b>-</b>	
						Block(s) No. <b>-</b>		Subdivision: <b>ALLISON ACRES</b>	
						Town of: <b>IRON RIVER</b>		Lot Size: <b>175' x 400'</b>	
								Acreage <b>1.680</b>	

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? <b>If yes---continue →</b>	Distance Structure is from Shoreline: <b>N/A</b> feet	<b>Is Property in Floodplain Zone?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Are Wetlands Present?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <b>If yes---continue →</b>	Distance Structure is from Shoreline: <b>125</b> feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	Total # of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ <b>5000</b>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> SKIDS	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> NONE
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/> Privy (Pit) or <input checked="" type="checkbox"/> Vaulted (min 200 gallon)		
	<input type="checkbox"/> Run a Business on Property		Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input type="checkbox"/> Year Round	<input type="checkbox"/> Compost Toilet		
		<input checked="" type="checkbox"/> SEASONAL	<input type="checkbox"/> None			

Existing Structure: (if permit being applied for is relevant to it)	Length: <b>N/A</b>	Width: <b>N/A</b>	Height: <b>N/A</b>
Proposed Construction:	Length: <b>20 FEET</b>	Width: <b>12 FEET</b>	Height: <b>14 FEET</b>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use <b>RESIDENTIAL USE</b> <b>MAY 29 2019</b> <b>SECRETARY STAFF</b>	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( 12' x 20' )	240 FT <sup>2</sup>
		with Loft	( 12' x 10' )	120 FT <sup>2</sup>
		with a Porch	( X )	
		with (2 <sup>nd</sup> ) Porch	( X )	
		with a Deck	( X )	
		with (2 <sup>nd</sup> ) Deck	( X )	
<input type="checkbox"/> Commercial Use <input type="checkbox"/> Municipal Use		with Attached Garage	( X )	
	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities )	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/>	Accessory Building (specify) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **[Signature]**  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date **05-13-2019**

Authorized Agent: **N/A**  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit **9677 HEATH AVE COTTAGE GROVE, MN 55016**

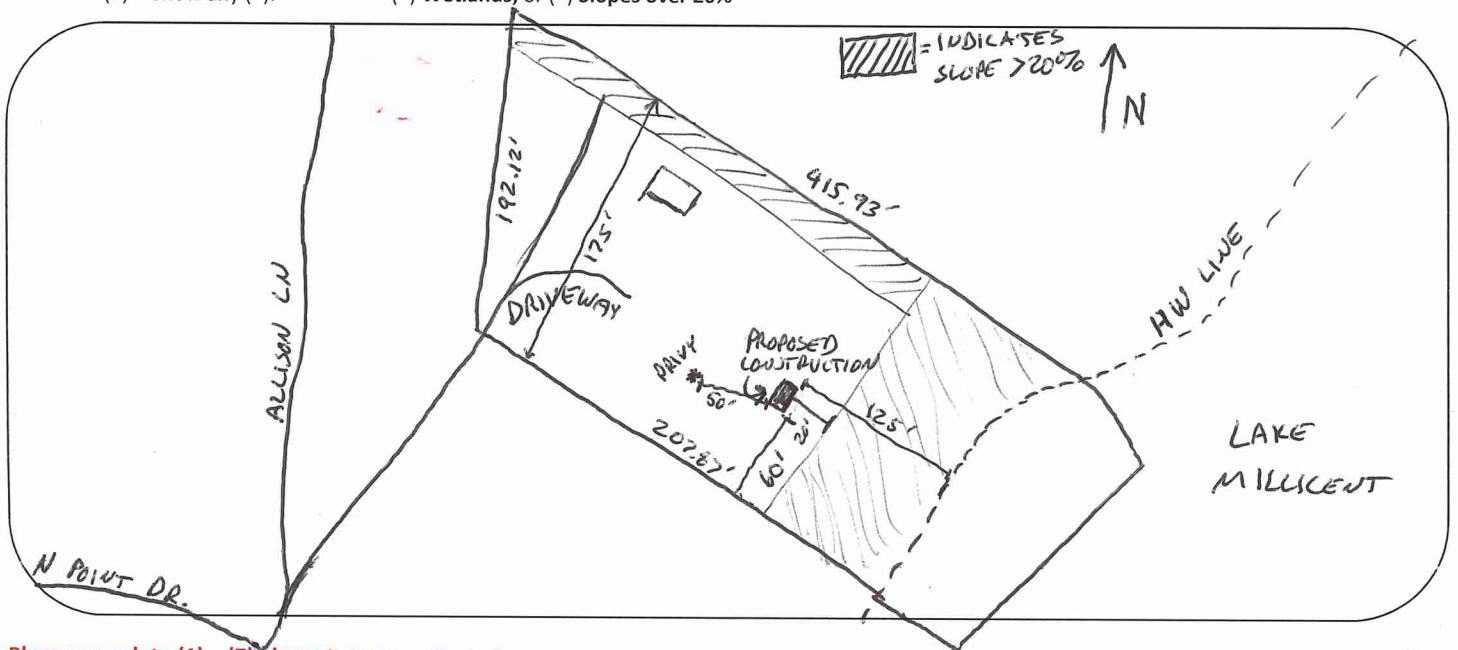
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed



Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement		Description	Measurement
Setback from the <b>Centerline of Platted Road</b>	<u>&gt;250</u> Feet		Setback from the <b>Lake</b> (ordinary high-water mark)	<u>125'</u> Feet
Setback from the <b>Established Right-of-Way</b>	<u>150</u> Feet		Setback from the <b>River, Stream, Creek</b>	<u>N/A</u> Feet
			Setback from the <b>Bank or Bluff</b>	<u>20'</u> Feet
Setback from the <b>North</b> Lot Line	<u>95</u> Feet			
Setback from the <b>South</b> Lot Line	<u>60</u> Feet		Setback from <b>Wetland</b>	<u>N/A</u> Feet
Setback from the <b>West</b> Lot Line	<u>175</u> Feet		<b>20% Slope Area on the property</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the <b>East</b> Lot Line	<u>175</u> Feet		Elevation of <b>Floodplain</b>	<u>N/A</u> Feet
Setback to <b>Septic Tank or Holding Tank</b>	<u>N/A</u> Feet		Setback to <b>Well</b>	<u>N/A</u> Feet
Setback to <b>Drain Field</b>	<u>N/A</u> Feet			
Setback to <b>Privy</b> (Portable, Composting)	<u>50</u> Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: <b>19-0136</b>		Permit Date: <b>5-30-19</b>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Case #:		Case #:					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <b>Project site staked and appears code compliant.</b>		Zoning District ( <b>R1</b> )					
Date of Inspection: <b>5/22/19</b>		Inspected by: <b>Todd Norwood</b>				Lakes Classification ( <b>1 - Mill Creek</b> )	
Condition(s): <b>Town, Committee or Board Condi</b>		Date of Re-Inspection:					
Signature of Inspector: <b>Todd Norwood</b>		Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	
						Date of Approval: <b>5/28/19</b>	



City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **Vaulted Privy** (250 gallon)  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **19-0136** Issued To: **Damian Jelich**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **21** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot Lot **4** Block Subdivision CSM# **2014**

For: **Residential Use: [ 1.5- Story; Residence (12' x 20') = 240 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks. No pressurized water in structure. Vaulted privy must be water tight. Additional conditions per recorded privy agreement.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**May 30, 2019**

Date



**Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138**

Date Stamp (Received)

MAY 16 2019

Bayfield Co. Zoning Dept.

Permit #:

19-0137

Date:

5-30-19

Amount Paid:

\$105 5-16-19

**Refund:**

**INSTRUCTIONS:** No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

**DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT**

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: DAMIAN JELICH			Mailing Address: 9677 HEATH AVE			City/State/Zip: COTTAGE GROVE, MN 55016			Telephone: ↓		
Address of Property: 66150 NORTH POINT DRIVE			City/State/Zip: IRON RIVER, WI 54847						Cell Phone: 651-428-4444		
Contractor: LW CONSTRUCTION			Contractor Phone: 715-372-5880		Plumber: N/A (NO PLUMBING)			Plumber Phone: N/A			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A			Agent Phone: N/A		Agent Mailing Address (include City/State/Zip): N/A			Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)			Tax ID# 37657			Recorded Document: (Showing Ownership) TAX STATEMENT DEED			
1/4, 1/4		Gov't Lot N/A	Lot(s) 4	CSM 2014	Vol & Page V.12 P.18	CSM Doc # 2014	Lot(s) No. -	Block(s) No. -	Subdivision: ALLISON ACRES		
Section 21, Township 47 N, Range 8 W				Town of: IRON RIVER				Lot Size 175' x 400'	Acreage 1.680		

<input checked="" type="checkbox"/> <b>Shoreland</b> →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? <b>If yes---continue</b> →	Distance Structure is from Shoreline : <u>N/A</u> feet	<b>Is Property in Floodplain Zone?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Are Wetlands Present?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <b>If yes---continue</b> →	Distance Structure is from Shoreline : <u>270</u> feet		
<input type="checkbox"/> <b>Non-Shoreland</b>				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	Total # of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ <u>35,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input checked="" type="checkbox"/> Vaulted (min 200 gallon)	<u>NONE</u>
	<input type="checkbox"/> Run a Business on Property		Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____		<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
			<input checked="" type="checkbox"/> SEASONAL	<input type="checkbox"/> None		

<b>Existing Structure:</b> (if permit being applied for is relevant to it)	<b>Length:</b> N/A	<b>Width:</b> N/A	<b>Height:</b> N/A
<b>Proposed Construction:</b>	<b>Length:</b> 30'	<b>Width:</b> 40'	<b>Height:</b> <del>12.0</del> 2.05 3/10/19

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<div> <div> Rec'd for Issuance  MAY 29 2010  Secretarial Staff </div> <div> <input type="checkbox"/> Residential Use </div> </div>	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2 <sup>nd</sup> ) Porch	( X )	
		with a Deck	( X )	
<input type="checkbox"/> Commercial Use		with (2 <sup>nd</sup> ) Deck	( X )	
		with Attached Garage	( X )	
	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>GARAGE</u>	( 30' X 40' )	1200 Ft <sup>2</sup>
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

**FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES**

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 05-13-2019

Authorized Agent: N/A  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit 9677 HEATH AVE COTTAGE GROVE, MN 55016

Attach

**Copy of Tax Statement**

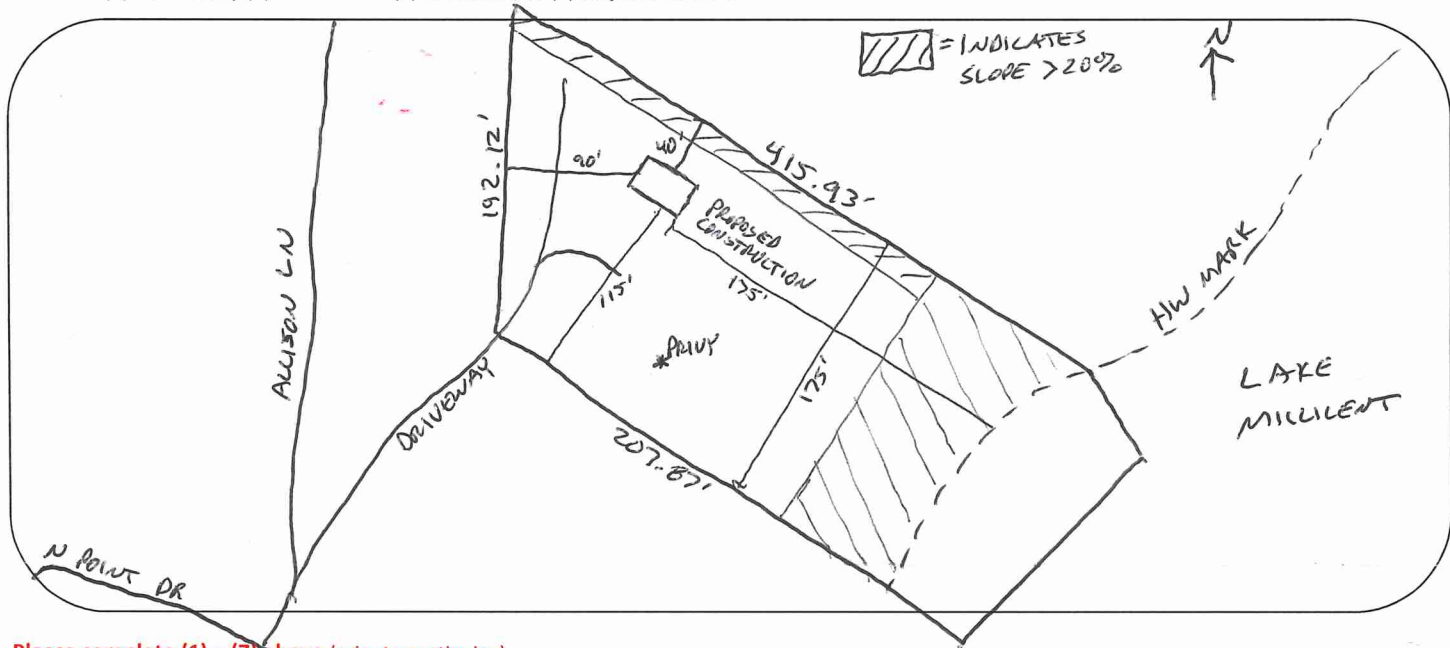
**If you recently purchased the property send your Recorded Deed**



Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement		Description	Measurement	
Setback from the <b>Centerline of Platted Road</b>	175	Feet	Setback from the <b>Lake</b> (ordinary high-water mark)	175	Feet
Setback from the <b>Established Right-of-Way</b>	75	Feet	Setback from the <b>River, Stream, Creek</b>	N/A	Feet
			Setback from the <b>Bank or Bluff</b>	10	Feet
Setback from the <b>North</b> Lot Line	40	Feet			
Setback from the <b>South</b> Lot Line	115	Feet	Setback from <b>Wetland</b>	N/A	Feet
Setback from the <b>West</b> Lot Line	90	Feet	<b>20% Slope Area on the property</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Setback from the <b>East</b> Lot Line	225	Feet	Elevation of <b>Floodplain</b>	N/A	Feet
Setback to <b>Septic Tank</b> or <b>Holding Tank</b>	N/A	Feet	Setback to <b>Well</b>	N/A	Feet
Setback to <b>Drain Field</b>	N/A	Feet			
Setback to <b>Privy</b> (Portable, Composting)	80	Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 19-0137		Permit Date: 5-30-19		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>stake</i>	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <i>Project site staked and appears code compliant.</i>			Zoning District (R1)	
Date of Inspection: 5/22/19			Lakes Classification (1 - millieat)	
Inspected by: <i>Todd Norwood</i>			Date of Re-Inspection:	
Condition(s): <i>Town, Committee or Board Conditions Attached?</i> <input type="checkbox"/> Yes			May not be used for human habitation. No water under pressure in structure.	
Signature of Inspector: <i>Todd Norwood</i>			Most meet and maintain setbacks	
Date of Approval: 5/28/19				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	



wn, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **19-0137** Issued To: **Damian Jelich**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **21** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot                      Lot **4**                      Block                      Subdivision                      CSM# **2014**

For: **Residential Accessory Structure: [ 1- Story; Garage (30' x 40') = 1,200 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): May not be used for human habitation. No water under pressure in structure. Must meet and maintain set-backs.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

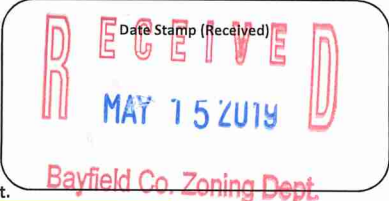
**May 30, 2019**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	19-0139
Date:	5-31-19
Amount Paid:	\$300 5-16-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER															
Owner's Name: Barbara K. Anick		Mailing Address: 31345 Sannes Rd		City/State/Zip: Washburn, WI 54891		Telephone: 715-292-1624									
Address of Property: 69665 Island Blvd		City/State/Zip: Iron River, WI 54847		Cell Phone: 715-292-1624											
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:									
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No									
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# 20669		Recorded Document: (Showing Ownership) 2009R 527921									
1/4, 1/4		Gov't Lot		Lot(s) 71:72		CSM Vol & Page 15-252		CSM Doc # 801		Lot(s) No. 2		Block(s) No.		Subdivision: 2nd Addl. to Long Lk	
Section 2		Township 47 N		Range 8 W		Town of: Iron River		Lot Size		Acreage					

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : 10 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$2000.	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Posts	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: ST	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
			<input type="checkbox"/>	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: 24'	Width: 16'	Height: 15'
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (specify) Boat house	( 16 X 24 )	384 sq ft
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Barbara K. Anick  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 5-15-2019

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit \_\_\_\_\_

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

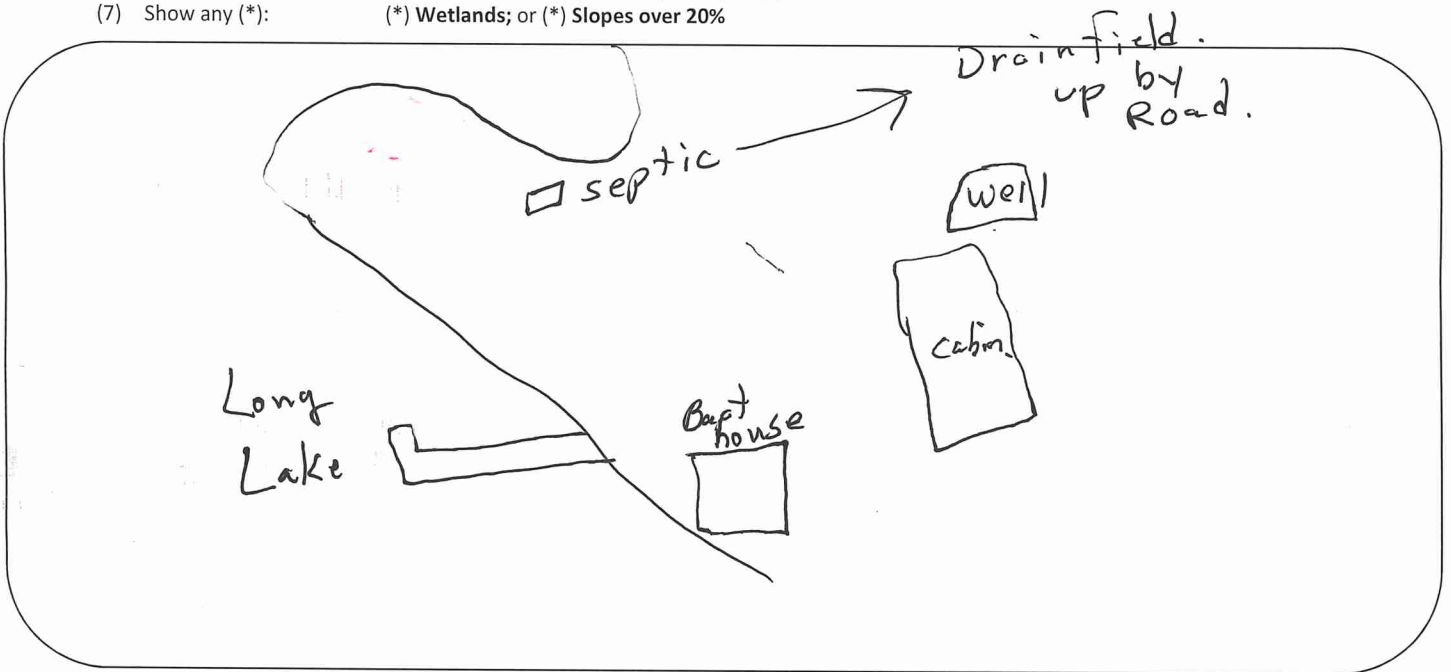


APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	10 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	250 Feet		
Setback from the South Lot Line	100 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	10 Feet	20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	88 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	100 Feet	Setback to Well	10 Feet
Setback to Drain Field	110 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 09-170s	# of bedrooms: 5	Sanitary Date: 12/2/09
Permit Denied (Date):		Reason for Denial:		
Permit #: 19-0139		Permit Date: 5-31-19		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created		Were Property Lines Represented by Owner		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		Was Property Surveyed		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: Boat house location staked and appears code compliant. measured 10 ft to water. OHM is likely a greater distance as water level is near its highest in recent history.		Zoning District ( R1 )		
Date of Inspection: 5/22/19		Lakes Classification ( 2 )		
Inspected by: Todd Norwood		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Boat house shall not be used for human habitation. Must use BMPs to prevent erosion/sedimentation to lake. Side wall height shall not exceed 10 ft in height. Boat house shall have a gable roof with eaves not to exceed 24". Must meet and maintain setbacks.				
Signature of Inspector: Todd Norwood		Date of Approval: 5/31/19		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **19-0139** Issued To: **Tall Timbers LLC / Barbara Anich, Owner**

---

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **2** Township **47** N. Range **8** W. Town of **Iron River**

---

Gov't Lot                      Lot **2**                      Block                      Subdivision **Second Addition to Long Lake** CSM# **801**

---

For: **Residential Accessory Structure: [ 1- Story; Boathouse (16' x 24') = 384 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Boathouse shall not be used for human habitation. Must use best management practices to prevent erosion / sedimentation to lake. Side wall height shall not exceed 10 feet in height. Boathouse shall have a gable roof with eaves not to exceed 24 inches. Must meet and maintain setbacks.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**May 31, 2019**

Date